ப்.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

general control of the control of th			
1. File Number U - 3623	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 1 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Florence Tripi	Name Civil Service Employees Association, Inc Local 1000 AFSCME Labor Organization File Number 515614		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 135 Morrow Drive	Street 143 Washington Avenue		
City Rochester	City Albany		
State New York ZIP Code + 4 14616	State NY ZIP Code + 4 12210		
5. Position in labor organization.			
Enter appropriate data below If, during the past fiscal year, you or your spou (except as specified in the exclusion). A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization.	sions set forth in the instructions):		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street			
City Subjective to the contract of the contra	And the processing of the control of		
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of P submitted in this report (including the information contained in any accompanyir undersigned's knowledge and belief, true, correct, and complete. (See the section of the content of	and documents) has been examined by the signatory and in to the best of the		
Signed Himmel Durge	On 7/8/05 585-621-6625 Date Telephone Number		

Name of Person Filing	File Number U- 3623
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State The Code + 4 The Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing		File Number U- DU & D
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organizat b. Trust c. Employer	ion
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir	ng.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar valu	o of queb dealing
City	12.a. Nature of interest held	Висимейной положения и положения выпользования положения выпользования и положения выпользования положения выпользования положения выпользования выпо
State State		
	12.b. Amount.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
City State ZIP Code + 4		